MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH STATE FILE NUMBER Primary Registration District No. 500 Registrar's No. 22 Registration District No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before 1. PLACE OF DEATH a COUNTY St. Louis b. COUNTY St. Louis a. STATE VS 300 AMENDED Mo. admission) Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits Yes P No I TOWN TOWN Affton Affton 4 Months c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (if outside, give location) Reside on Farm DATE HOSPITAL OR **ADDRESS** Yes IL No I 7835 Delmont 7835 Delmont Yes □ No □4 3. NAME OF DECEASED First Last 4. DATE Day Year (Type or print) ADELE Α. STIFTEN DEATH 1963 Jan. 9. AGE (last birthday) IF UNDER 1 YEAR | IF UNDER 24 HR 6. COLOR OR RACE 7. Married □ Never Married □ 8. DATE OF BIRTH 5.. SEX Months Days Hours Widowed K Divorced | |11-11-1900 Female White 7 11. BIRTHPLACE (City and state or country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY St. Louis. Mo. U.S.A. 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE C Late Martin H. Stiften Henry Loemker Lena Franke 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates of None Edward Stiften 290 Elmdale-Ferguson, Mo. INTERVAL BETWEEN 18: CAUSE OF DEATH (Enter only one cause per nine for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH 10 IMMEDIATE CAUSE (a) 11 Conditions, if any, DUE TO (b) which gave rise to ᆵ above cause (a), stating the under-DUE TO (c) lying cause last. S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If female deceased WAS there a pregnancy in last 90 days. disease condition given in PART I (a) **AMENDMENTS** 20a. ACCIDENT SUICIDE HOMICIDE 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY PERFORMED? YES | NO 🔼 Month, Day, Year 20c. TIME OF Hour RIBBON INJURY 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) COUNTY 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK [] *TYPEWRITER* REA 21. I attended the deceased from the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred at 22c. DATE SIGNED 22b. ADDRESS (Degree or title) 2203 SIGNATURE ľö AFFIDAVIT 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23b. DATE

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REMOVAL (Specify).
Burial

24. FLINERAL DIRECTOR

Kriegshauser 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.

Sunset Burial Park

St. Louis Co. Mo.

TATEMENT BY LICENSED EMBALMER

у	, Student Embalmer No
ng under my personal supervision.	RIV Storesand
Signature of Student Embalmer	Signed N 1. W. Substitute 1
	P. O. Address A. Laus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.